

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e Due Dates All Routes	ven tho			legal enti	ity may uti ınty Supt	lize the se		one form for e	ach bus route that Rate Per Mile \$1.36
County Name			County Number	r	District	Name			Legal Entity Number
Hill			21		Box E	lder Pub	lic Schools		0425 0426
Route #	Lengtl	h of Route	e (miles per day)		Type of	Service	☐ Bus Route Mi☐ Non Bus Mile		Rated Capacity 65
Vehicle I.D. #					☐ Bus R	Owned		District Owr	
5913	5913 576				Contrac		ame of Owner		
Reimbursement Distribution- Er	nter the	legal entit			f state/cou		ursement to be p	aid to each di	strict. Note: Percentages
Legal Entity 0426 Legal Entity 0425			ity	nust mate	Legal Er			Legal Enti	ty
% 50.00		% 50	0.00		%			%	
PASSENGER INFORMATION			ELEMENTAR'	V DIDED	0		1011 0011001 D	DEDO	TOTAL
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			a NUMB	ER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance	lers)							
Nonpublic School Riders (ineligible)	garton na	1010)							
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees		by and wi	ithin the transporta	tion servi	ce area a	ssigned by	the County Tran	sportation Co Date	mmittee.
This Application for Registration area assigned to it by the Countries	of Sch	ool Bus ar							
Signature - Chair, County Transportation Committee Date									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: All Routes County Number October 1 To County Supt October 15 To County Supt October 15 To County Number District Name County Number District Name Legal Entity Number All Routes Rate Capacity Long Entity Number All Routes Rate Capacity Long Entity Number All Routes Rate Capacity Long Entity Long Entity Legal E	This form is required in accordar receives state reimbursement ex		,			•				
Hill 21 Box Elder Public Schools 0425 0426 Route # Length of Route (miles per day) Type of Service — Bus Route Mileage 12 12 Surface Mileage 15 No Bus Mileage 16 Service — Bus Route Mileage 17 No Mileage 18 No M		3 :								
Route # Length of Routle (miles per day)	County Name			County Number	District	Name		Legal Entity Number		
Page Properties Propertie										
PASSENGER INFORMATION Cardiact So, Name of Owner District Owned D	Route #	Length of Route (miles per day)			Type o		0	Rated Capacity		
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0426 Legal Entity 0426 So 50.00 So 50.00 So 50.00 Responsible Preschool/Kindergarten pupils riding this route Regular (include eligible Preschool/Kindergarten pupils riding this route NUMBER Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Preschool/Kindergarten inders) NUMBER Regular (include eligible Preschool/Kindergarten inders) NUMBER Regular (include eligible Preschool/Kindergarten inders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Inteligible Public School Riders (i.e., under 3 inteligible preschool/Kindergarten inders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We turber certify that this bus transports pupils eligible for school transportation area defined by 29-16-101, MCA. We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We turber certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation committee. We have been certify that this bus transports by the Store of the transportation area. We understand that violations of the laws, rustee or regulations governing school transportation will be sufficient cause for withholding of state and county rei					Bus F	Route Mileage	ŭ			
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Signature - Chair, County Transportation Committee Date		_		Committee.			Date	_		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.									
Due Dates All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Hill			21		lder Public Schools		0425 0426		
Route #	Length of Route (miles per day)			Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity		
6				<u> </u>	Route Mileage	-	72		
Vehicle I.D. #	663	nse#			t Owned ct - If so, Name of Owner cted rate per mile	District Own	ed		
Reimbursement Distribution- En	iter the lega	l entity		e of state/co	unty reimbursement to be p	paid to each dis	strict. Note: Percentages		
Legal Entity	Lega	al Entity		atch budget Legal E		Legal Entit	у		
0425		04	126						
% 50.00	9/	6 50.	00	%		%			
PASSENGER INFORMATION	,								
			ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
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Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

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Due Date All Routes				To Co Octob	ounty Supt er 1	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Numbe	r	District	Name		Legal Entity Number		
Hill			21		Box E	Ider Public Schools		0425 0426		
Route #	Length of Route (miles per day)				Type of Service ☐ Bus Route Mi			Rated Capacity		
5 82					Bus R	□ Non Bus N Route Mileage	illeage	65		
Vehicle I.D. # License #					□ District		District Owr	ned		
0026		550				ct - If so, Name of Owner cted rate per mile	·			
Reimbursement Distribution- Er	nter the	e legal er			of state/co		e paid to each di	strict. Note: Percentages		
Legal Entity 0425		Legal E			Legal E		Legal Enti	ty		
0423			0420							
% 50.00		%	50.00		%		%			
PASSENGER INFORMATION			EL EN EN TAR	V DIDEE	20	111011 0011001	DIDEDO	TOTAL		
			ELEMENTAR (Grades		KS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS		
				BER		b NUMBE	b NUMBER			
Regular (include eligible Preschool/Kindergarten riders))LIX		NOMBL	IX.	a + b		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	dance garten ri									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Board of Trustees	Signature - Chair, Board of Trustees Date									
This Application for Registration area assigned to it by the Coun	n of Scl ty Tran	hool Bus sportation	and State Reimburs			accordance with Section eviewed and I certify that	this bus operate			
Signature - Chair, County Transport	ation Co	ommittee			_		Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in acco	ordance wit	th Title 20	Chanter 10 Part 1 Mu	CA S	chool die	strict official	must complete o	ne form for e	ach hus route that
receives state reimbursemen									Rate Per Mile
Due D All Rou				o Coui	nty Supt	t	To OPI October 15		\$1.36
				Clober	1		October 10		
County Name			County Number		District	Name			Legal Entity Number
Hill			21		Box Elder Public Schools				0425 0426
Route # Length of Route (miles per d			ite (miles per day)		Type of		□ Bus Route Mil□ Non Bus Milea	•	Rated Capacity
5 A			Bus R	oute Mile			65		
Vehicle I.D. #	#		District Contra		E ame of Owner	District Own	ed		
0026			Contra	cted rate pe	er mile				
Reimbursement Distribution	- Enter the	legal en			state/co		irsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	ntity	t mater	Legal E			Legal Entit	ry .		
0425			0426						
% 50.00		%	50.00		%			%	
PASSENGER INFORMATION					1				
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RI (Grades PK-8		S	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
	a				b NUMBER				С
Regular (include eligible Presch	NUMBER NUM			NUMBER		a + b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Rela	ated Service	•							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (miles OR nonresident and no at									
agreement) (Include ineligible Preschool/Kin		dere)							
Nonpublic School Riders (ineligi	ble)	deray							
TOTAL RIDERS									
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bus operates on the route as Signature - Chair, Board of Trus	s approved						•	•	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transportation Committee Date									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accoreceives state reimburseme						•				
Due D All Ro				Count ctober 1		To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	[District	Name		Legal Entity Number		
Hill			21	Box Elder Public Schools				0425 0426		
Route #	Length of Route (miles per day)				Type of	Service Bus Route Mil Non Bus Milea	0	Rated Capacity		
4 78						oute Mileage		12		
Vehicle I.D. # 6514		License # 470	7		Contra	Owned E ct - If so, Name of Owner cted rate per mile	istrict Own	ed		
Reimbursement Distribution	- Enter th	e legal ent		age of s	state/co	unty reimbursement to be pa	id to each dis	trict. Note: Percentages		
Legal Entity 0425		Legal En		t match L	budget _egal Ei		Legal Entity	у		
% 50.00 PASSENGER INFORMATION	N.	%	50.00	_	%		%			
Number of Preschool/Kinde riding this route		upils	ELEMENTARY RI (Grades PK-8			HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
			a NUMBER			b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)						NOMBER		u · b		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Rel	ated Servic	ce								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (miles OR nonresident and no at agreement)	tendance									
(Include ineligible Preschool/Kir Nonpublic School Riders (ineligi		nuers)								
TOTAL RIDERS										
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Signature - Chair, Board of Trus		J and v		33,7100		g	Date			
This Application for Registra	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation									
area assigned to it by the Constitution of Signature - Chair, County Trans			n Committee.				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

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This form is required in accordar receives state reimbursement ev						one form for ea			
Due Dates All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	District	Name		Legal Entity Number		
Hill			21	Box E	Ider Public Schools		0425 0426		
Route #	# Length of Route (miles per day)			Type of	f Service □ Bus Route M □ Non Bus Mile	5 -	Rated Capacity		
3 69				1	Route Mileage	_	84		
Vehicle I.D. # 0298	593	nse#			t Owned ct - If so, Name of Owner cted rate per mile	District Own	ed		
Reimbursement Distribution- En	ter the lega	l entity		e of state/co	unty reimbursement to be	paid to each dis	strict. Note: Percentages		
Legal Entity	Lega	al Entity		atch budget Legal E		Legal Entit	у		
0425		04	126						
% 50.00	9,	6 50.	.00	%		%			
PASSENGER INFORMATION	_								
			ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten riders)					Nomber		u v s		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Signature - Chair, Board of Trustees		and Will	are transportation se	. 1100 ai 6a a	congride by the obtains ITa	Date			
This Application for Registration	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta		Date							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar	nce with	Title 20	Chanter 10 Part 1 N	MCA	School dis	strict official	must complete o	ne form for ea	ach bus route that
receives state reimbursement ev									
Due Dates	:		7	Το Cοι	unty Supt	:	To OPI		Rate Per Mile
All Routes				Octobe			October 15		\$1.57
County Name			County Number		District	Name			Legal Entity Number
Hill			21		Box Elder Public Schools				0425 0426
Route #	# Length of Route (miles per day)				Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			- 5 -	Rated Capacity
2 65					Bus R	oute Mile		ye 	72
Vehicle I.D. # License #					District			istrict Own	ed
7001	7	702				ct - If so, Na cted rate pe	ame of Owner r mile		
Reimbursement Distribution- Ent	ter the I	legal en			of state/co		rsement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	L	_egal Er	ntity	St matt	Legal E			Legal Entit	у
0425			0426						
% 50.00		%	50.00		%			%	
PASSENGER INFORMATION									_
Number of Preschool/Kindergart	en pupi	ils	ELEMENTARY F (Grades PK		S	HIG	GH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route			(0.0000	,			(======)		
							b		С
NUMBE Regular (include eligible Preschool/Kindergarten				₹	NUMBER				a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
, ,									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u									
agreement) (Include ineligible Preschool/Kinderga		oro)							
Nonpublic School Riders (ineligible)	arteri nut	CIS)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu	Ve furthe	er certify	that this bus transports pu	ıpils elig	ible for sch	ool transporta	ation as defined by 2	20-10-101, MC	A.
required; to provide a vehicle which n Superintendent; and to provide a lice	neets the	e minimu	m standards as establishe	ed by th	e Board of	Public Educa	tion, the Montana H		
We also agree to refrain from solid	citing or o	causing o	others to solicit students fr	rom othe	er transport	ation areas.	,	dia	- d t i b t f
We understand that violations of the this bus route.					•			_	-
We agree that if this route crosses the school boards of both districts sha	all be att	ached to	the county superintenden	nt's copy	of this doo	cument.	· ·		
We understand route changes occaccordance with 20-10-132, MCA.	curring d	luring the	school year require the fil	ling of a	n amended	d TR-1 form a	ind approval of the (County Transpo	ortation Committee in
I certify that this application for rebus operates on the route as app									
Signature - Chair, Board of Trustees	J. 0 V C U I	~y and		50. VI	oo arca a	coignica by	and Oddinty Trails	Date	
This Application for Registration	of Scho	ool Bus							
area assigned to it by the County Signature - Chair, County Transporta			n Committee.				1	Date	
5 111 1 1 , 1111, 1111, pportu									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

copy concor bloss

This form is required in accordar	nce wit	th Title	20 Chanter 10 P	art 1 MCA	School di	strict official	must complete o	ne form for ea	ach hus route that
receives state reimbursement ev								ne ionni ioi ea	den bus route that
Due Dates				To C	ounty Sup		To OPI		Rate Per Mile
All Routes	·.				ber 1		October 15		\$1.57
					•			-	
County Name			County Nur	nber	District	Name			Legal Entity Number
Hill			21		Box Elder Public Schools				0425 0426
Route #	oute # Length of Route (miles per day)			y)		Service	☐ Bus Route Mile	- 3 -	Rated Capacity
7 44					Due D		□ Non Bus Milea	ge	72
Vehicle I.D. # License #					☐ District	oute Mile		istrict Own	<u> </u>
Verlicie I.D. #							ame of Owner	ISHICL OWIT	eu
8028		608			□ Contra	cted rate pe	er mile		
Reimbursement Distribution- En	ter the	legal e	entity number and				irsement to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal I	Entity	must m	atch budget Legal E			Legal Entit	v
0425		_090	0426		094				,
% 50.00		%	50.00		%			%	
PASSENGER INFORMATION		ı				I			
Number of Preschool/Kindergart	ten pui	pils		「ARY RIDE des PK-8)	RS	HI	GH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route		50	(5.5.5	200 : 11 0)			(0.00000.2)		
				<u>а</u>			b	C	
NUMBE				-				a + b	
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Coming								
	Service	;							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., ι	under 3								
miles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ri	ders)							
Nonpublic School Riders (meligible)									
TOTAL RIDERS									
We hereby certify that this bus wil	II opora	to ontiro	ly on the route estab	liched by the	Poard of Tru	etoos and wit	thin the transportation	on area acciono	and approved by the
County Transportation Committee. V	Ne furth	ner certif	fy that this bus transp	oorts pupils e	ligible for sch	ool transport	ation as defined by 2	20-10-101, MC	Α.
We agree to supervision of this but required; to provide a vehicle which r									
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, c	qualified	and approved driver	to operate s	uch vehicle a	s required by		,	
We understand that violations of t							ent cause for withhol	lding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosses	s distric	t lines a	nd transports studen	its from outsi	de the distric	t, a copy of th	e agreement betwee	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh	all be a	ttached	to the county superir	ntendent's co	py of this do	cument.	· ·		, , , , ,
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for rebus operates on the route as ap									
Signature - Chair, Board of Trustees	PIOVEC	a by ail	u within the trailsp	ortalion se	i vice aled a	ssigned by	and County Halls	Date	minutee.
			n Committee App						
This Application for Registration area assigned to it by the Count				oursement	has been re	eviewed and	I I certify that this	bus operates	within the transportation
Signature - Chair, County Transporta	_	_						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC/ ortees of another legal				one form for e	ach bus route that Rate Per Mile	
	Due Dates All Routes				County Sup ober 1	t	To OPI October 15		\$1.57	
County Name				County Number	District	Name			Legal Entity Number	
Hill				21	Havre	Public Sc	hools		0427 0428	
Route #						f Service	Bus Route Mil		Rated Capacity	
12-16-12A-44.6 44.6				Pue E		Non Bus Milea	age	78		
12-10-12A-44.0					□ Distric	Coute Milea	•	istrict Own		
7490		25	1		□ Contra		me of Owner			
Reimbursement D	istribution- En	ter the leg	gal entity		ge of state/co		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Le	gal Entit	у	Legal E			Legal Entit	ty	
0427			04	428						
% 50.00			% 50	.00	%			%		
PASSENGER INF	ORMATION			EL EMENTA DV DID	EDO	1116	NI COLICOL BU	DED0	TOTAL	
Number of Preschool/Kindergarten pupils (Grade riding this route						HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
	a NUMBER					b NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten							NUMBER		a + D	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC	3)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pro	eschool/Kinderg	arten riders	s)							
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
County Transportation	on Committee. V	Ne further o	certify that	the route established by the this bus transports pupils the State Superintendent; the state Superintendent Superinten	eligible for scl	nool transporta	tion as defined by	20-10-101, MC	Α.	
Superintendent; and We also agree to	to provide a lice refrain from soli	ensed, quali citing or ca	ified and a using othe	standards as established b approved driver to operate ers to solicit students from	such vehicle a other transpor	is required by tation areas.	20-10-103, MCA.	,		
this bus route.		,	Ü		•			· ·	nd county reimbursement for	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in										
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bus operates on the Signature - Chair, Bo			and wit	nın tne transportation s	ervice area a	issigned by t	ne County Trans	Sportation Col Date	mmittee.	
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transportation Committee Date										



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex						ete one form for e			
Due Dates All Routes				ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		Count	y Number	District	Name		Legal Entity Number		
Hill		21			Public Schools		0427 0428		
Route #	Length of F	er day)	Type of	Service Bus Route Non Bus N	-	Rated Capacity			
12-16-11-44.8	12-16-11-44.8 44.8			Bus R	oute Mileage	illeage	72		
Vehicle I.D. #	Licens	se #		□ District	Owned ct - If so, Name of Owne	District Owr	ned		
4716	364				cted rate per mile				
Reimbursement Distribution- En	ter the legal	entity number		e of state/co atch budget		e paid to each dis	strict. Note: Percentages		
Legal Entity	Legal	Entity	mastm	Legal E		Legal Enti	ty		
0427		0428							
% 50.00	%	50.00		%		%			
PASSENGER INFORMATION				TDC	HIGH SCHOOL	DIDEDE	TOTAL		
Number of Preschool/Kindergarten pupils riding this route ELEMEN (Gran			(Grades PK-8)	INO	(Grades 9		ELIGIBLE RIDERS		
			a NUMBER		b NUMBE	R	c a+b		
Regular (include eligible Preschool/Kindergarten riders)						···			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	arteri fideraj								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees			op ortation de		gires by the bounty 1	Date			
This Application for Registration	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta		Date							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is near in	- d in	i4b Ti4l-	20 Chantan 10	Dest 4 MCA	Cabaald	atriat afficial			
This form is require receives state reim								one form for e	ach bus route that
		· ·	·	J	, ,				Rate Per Mile
	Due Dates: All Routes				ounty Sup	I	To OPI October 15		\$1.36
County Name			County N	lumber	District	Name			Legal Entity Number
Hill			21		Havre	Public So	chools		0427 0428
Route #					Type of Service ☐ Bus Route M			leage	Rated Capacity
10.16.9.44						☐ Non Bus Mile	age	66	
12-16-8-41					1 '	Route Mile		 District Own	
			<i>ii</i>		☐ Distric		ıme of Owner	JISHICL OWI	leu
9690		680				cted rate pe			
Reimbursement Di	stribution- Ente	er the legal	entity number a				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		I egal	Entity	must m	atch budge Legal E			Legal Entit	·V
0427			0428			,		20901 2.11	,
% 50.00		%	50.00		%			%	
PASSENGER INF	ORMATION					1			
Number of Prescho	ool/Kindergarte	n pupils		NTARY RIDE rades PK-8)	ERS	HIC	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergarten pupils (riding this route			()				(0.0000 1.2	,	22.0.322
							b		С
	a NUMBER						NUMBER		a + b
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC))								
Additional Wheelchai	rs (WC)								
Non-WC IEP Lists Tra	ans as Related S	ervice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
miles OR nonresiden agreement)	t and no attendar	nce							
(Include ineligible Pre		rten riders)							
	iera (irieligible)								
TOTAL RIDERS									
We hereby certify	that this bus will o	operate entir	ely on the route es	tablished by the	e Board of Tr	ustees and wit	thin the transportat	ion area assign	ed and approved by the
County Transportatio									A. Superintendent as are
required; to provide a	vehicle which me	eets the mini	mum standards as	established by	the Board of	Public Educa	tion, the Montana		
Superintendent; and the We also agree to the superintendent is a superintendent.	refrain from solici	ting or causii	ng others to solicit	students from c	other transpor	tation areas.			
We understand the this bus route.	at violations of the	e laws, rules	or regulations gov	erning school tr	ransportation	will be sufficie	ent cause for withh	olding of state a	nd county reimbursement for
We agree that if the							e agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on th	e route as appi								
Signature - Chair, Bo	ard of Trustees							Date	
	County Tra	ansportation	on Committee	Approval as i	required in	accordance	e with Section 2	20-10-132. MC	A .
	r Registration o	of School B	us and State Re						within the transportation
area assigned to it Signature - Chair, Co								Date	
3.ga.a.o Onan, 00	,unoportati		-						



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is as a line of i		:41- T:41-	00 05	4.4.140.4	0-11-1	. t		6 6	l- l
This form is required i receives state reimbu								one form for ea	ach bus route that
		.oug		ŭ	, ,				Rate Per Mile
	Due Dates: All Routes			To Co Octob	ounty Supt		To OPI October 15		\$1.36
•	All Roules			Octor	JGI I		October 13		ψ1.50
County Name			County Numb	er	District	Name			Legal Entity Number
1 1:11			24		Llayma	Dublic Col	haala		0407 0400
Hill Route #	Len	ath of Ro	21 oute (miles per day)		Havre Public Schools Type of Service □ Bus Route M			eane	0427 0428 Rated Capacity
riodio n		9 0	outo (mileo per day)		□ Non Bus Mileage				rated Supusity
12-16-3-42					Bus Route Mileage 66				
Vehicle I.D. # License #				□ District Owned District Owned					
1819 322					ct - If so, Nan cted rate per				
	antity number and no	roontaga				aid to oach die	trict. Note: Percentages		
Reinibursement Distri	ibution- Enter th	e legal e	entity number and pe		itch budget		sement to be pa	aid to each dis	anci. Note. Percentages
Legal Entity		Legal			Legal E	ntity		Legal Entit	у
0427			0428						
% 50.00	NAATION!	%	50.00		%			%	
PASSENGER INFOR	MATION		ELEMENTA	RY RIDE	RS	HIG	H SCHOOL RI	DERS	TOTAL
Number of Preschool/	/Kindergarten pu	upils		s PK-8)		10	(Grades 9-12		ELIGIBLE RIDERS
riding this route									
		-		a			b		С
Dogular (include alicible	NUMBER gular (include eligible Preschool/Kindergarten						NUMBER		a + b
riders)	Preschool/Kinderg	garten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans	as Related Service	се							
TOTAL ELIGIBLE RI	DERS								
Ineligible Public School F		3							
miles OR nonresident an agreement)	nd no attendance								
(Include ineligible Presch		riders)							
Nonpublic School Riders	s (ineligible)								
TOTAL RIDERS									
We hereby certify that	t this bus will oper	ate entire	ely on the route establis	hed by the	Board of Tru	stees and with	in the transportat	ion area assigne	ed and approved by the
County Transportation C	ommittee. We fur	ther certif		rts pupils el	igible for sch	ool transportat	ion as defined by	20-10-101, MC	A.
required; to provide a vel	hicle which meets	the minin	num standards as esta	blished by	the Board of	Public Education	on, the Montana		
Superintendent; and to p We also agree to refra			and approved driver to g others to solicit stude				0-10-103, MCA.		
We understand that v							t cause for withho	olding of state a	nd county reimbursement for
							agreement between	een Boards, 20-	10-126(2) MCA, signed by
	the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-1	32, MCA.								
I certify that this application bus operates on the re									edge and belief, and the mmittee.
Signature - Chair, Board		.a of and	a main are danoper			congriculty ti	.o ocanty man	Date	
			n Committee Appr						
This Application for Rarea assigned to it by				rsement h	nas been re	viewed and I	certify that this	bus operates	within the transportation
Signature - Chair, County		_						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement events.						plete one form for e			
Due Dates All Routes			To Co Octob	ounty Supt per 1	To OPI October	15	Rate Per Mile \$1.36		
County Name		County Numb	er	District	Name		Legal Entity Number		
Hill		21			Public Schools		0427 0428		
Route #	Length of R	coute (miles per day)		Type of	Service ☐ Bus Ro ☐ Non Bu	-	Rated Capacity		
12-16-3A-65.6	65.6			Bus R	oute Mileage		66		
Vehicle I.D. #				☐ District Owned☐ Contract - If so, Name of Owner☐					
7426 322				□ Contra	cted rate per mile				
Reimbursement Distribution- En	iter the legal of	entity number and pe		of state/co		o be paid to each d	istrict. Note: Percentages		
Legal Entity	Legal Entity Legal Entity 0427 0428			Legal E		Legal Ent	ity		
	0427								
% 50.00	%	50.00		%		%			
PASSENGER INFORMATION		ELEMENTA	RY RIDEI	RS	HIGH SCHO	OL RIDERS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grade:				s 9-12)	ELIGIBLE RIDERS		
a NUMB				b NUMBER			c a + b		
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	,								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for r bus operates on the route as ap	0				•	,	9		
Signature - Chair, Board of Trustees		a manir are danspor	anon ser	noc area a	ooigilou by the Coulit	Date			
County 1	ransportatio	on Committee Appro	oval as r	equired in	accordance with Se	ction 20-10-132 M	CA.		
This Application for Registration area assigned to it by the Count	of School Bu y Transporta	us and State Reimbu tion Committee.				nat this bus operate			
Signature - Chair, County Transporta	Signature - Chair, County Transportation Committee						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex								
Due Dates All Routes	: :		Γο County Su October 1		To OPI October 15		ate Per Mile	
County Name		County Number	Distric	t Name		L	_egal Entity Number	
Hill		21		e Public Sc			0427 0428	
Route #	Length of Ro	oute (miles per day)	Туре	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			Rated Capacity	
12-16-4-73.4	73.4		Bus	Route Milea	ige		72	
Vehicle I.D. #				☐ District Owned☐ Contract - If so, Name of Owner☐				
5498 0664			□ Cont	acted rate per	mile			
Reimbursement Distribution- En	ter the legal e		ntage of state/o		sement to be paid to	each distr	rict. Note: Percentages	
Legal Entity Legal Entity 0427 0428			Legal		Le	egal Entity		
	0427							
% 50.00	%	50.00	%			%		
PASSENGER INFORMATION		ELEMENTARY F	RIDERS	HIG	H SCHOOL RIDERS	s I	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils	(Grades PK		0	(Grades 9-12)		ELIGIBLE RIDERS	
a NUME			?	b NUMBER			c a + b	
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service					Ī		
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., to miles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	arterrinders)							
TOTAL RIDERS								
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I certify that this application for r	0					,	,	
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee								
	area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.							one form for e	ach bus route that
	_	ansportees of anothi	•					Rate Per Mile
Due Dates All Routes	5:		To Cou Octobe	inty Supt er 1	i	To OPI October 15		\$1.57
County Name		County Numb	oer	District	Name			Legal Entity Number
Hill		21		Havre	Public S	chools		0427 0428
Route #	Length of F	Route (miles per day)		Type of		□ Bus Route Mil		Rated Capacity
12-16-5-73.4	73.4			□ Non Bus Mileage Bus Route Mileage			age	72
Vehicle I.D. #	Licens	se #		District	Owned		istrict Own	ed
5498	0664				ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the legal	entity number and pe				irsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	must match budget! Legal Entity Lega				Legal Entit	ty
0427	0427 0428							
% 50.00	%	50.00		%			%	
PASSENGER INFORMATION		ELEMENTA	BY BIDED	9		GH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergard riding this route	ten pupils		s PK-8)	3	1111	(Grades 9-12		ELIGIBLE RIDERS
			a MBER			b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	(indergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., i miles OR nonresident and no attenda agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap	0					•	,	9
Signature - Chair, Board of Trustees					_ <u></u>		Date	
This Application for Registration	of School B							
area assigned to it by the Count Signature - Chair, County Transporta							Date	
		· -						



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar								ne form for ea	ach bus route that
receives state reimbursement ev	en moc	ugn transp	ortees of another leg	jai erilil	ly may ulii	ize trie sei	rvices.		Rate Per Mile
Due Dates All Routes	: :			o Cou October	nty Supt r 1		To OPI October 15		\$1.57
County Name			County Number		District N	lame			Legal Entity Number
Hill			21		Havre F	Public S	schools		0427 0428
Route #	Length	n of Route	(miles per day)			Service	☐ Bus Route Mile		Rated Capacity
12-16-7-73	73				☐ Non Bus Mileag Bus Route Mileage			ge	72
Vehicle I.D. #	L	icense #			District C	Owned	D	istrict Own	ed
3237	1	164				t - If so, N ted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the I	legal entit						id to each dis	strict. Note: Percentages
Legal Entity Legal Entit			ty	Stillato	Legal Ent	tity		Legal Entit	у
0427		0428							
% 50.00 %			0.00		%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergarten pupils riding this route		ils	ELEMENTARY R (Grades PK-		6	HI	IGH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				1			b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	lindergar	rten	NUMBER	•			NOMBER		4 1 5
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten ride	ers)							
TOTAL RIDERS									
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I certify that this application for rebus operates on the route as app	0						•	,	9
Signature - Chair, Board of Trustees		. ,		23		<u>. g 3 </u>		Date	
County T This Application for Registration area assigned to it by the County	of Scho	ool Bus ar							
Signature - Chair, County Transporta								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Date	ŭ	- 	ŭ	ounty Sup		To OPI		Rate Per Mile
All Routes			Octo		•	October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Hill			21	Havre	Public S	chools		0427 0428
Route #	Length of	Route	(miles per day)	Type of		□ Bus Route Mil		Rated Capacity
12-16-12-45.6	45.6			Bus R	□ Non Bus Mile. Bus Route Mileage			78
Vehicle I.D. #	Lice	nse #		□ District	Owned		District Owr	ied
7490	25	251			ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- Er	nter the leg	al entity		of state/co		irsement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	Leg	al Entit	у	Legal E			Legal Enti	ty
0427 04.		428						
% 50.00		% 50	.00	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	De	1117	GH SCHOOL RII	DEDE	TOTAL
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)	KS	HIV	(Grades 9-12)		ELIGIBLE RIDERS
	a NUMBER				b NUMBER			c a + b
Regular (include eligible Preschool/liriders)	Kindergarten					-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg	garten riders	,						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
Signature - Chair, Board of Trustees	5						Date	
This Application for Registration area assigned to it by the Coun	n of School ty Transpoi	Bus and tation C					bus operates	
Signature - Chair, County Transport	auon commi	uee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance we receives state reimbursement even the									
Due Dates: All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57			
County Name		County Number	District	Name		Legal Entity Number			
Hill		21	Havre	Public Schools		0427 0428			
Route # Len	gth of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity			
12-16-1-52.8 52.			Bus R	oute Mileage	ŭ	72			
Vehicle I.D. #	'ehicle I.D. # License #			□ District Owned District Owned □ Contract - If so, Name of Owner					
4717 65				cted rate per mile					
Reimbursement Distribution- Enter th	e legal entity		of state/co		aid to each dis	trict. Note: Percentages			
Legal Entity Legal Entity			Legal E		Legal Entit	у			
U42 <i>1</i>	0427 0428								
% 50.00	% 50.	.00	%		%				
PASSENGER INFORMATION		ELEMENTA DV DIDE	700	LIIOLI OOLIOOL BI	DED0	TOTAL			
Number of Preschool/Kindergarten priding this route	upils	ELEMENTARY RIDE (Grades PK-8)	KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
	a NUMBI			b NUMBER		c a + b			
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a · b			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service	ce								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement)									
(Include ineligible Preschool/Kindergarten Nonpublic School Riders (ineligible)	riders)								
TOTAL RIDERS									
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I certify that this application for regist bus operates on the route as approve									
Signature - Chair, Board of Trustees	-	•			Date				
County Trans This Application for Registration of Source area assigned to it by the County Tra	chool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this					
Signature - Chair, County Transportation C		ommuos.			Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein		· ·	ranspo	ortees of another legal o	•					Rate Per Mile
	Due Dates All Routes				ober 1	ty Supt		To OPI October 15		\$1.36
County Name				County Number		District	Name			Legal Entity Number
Hill				21			Public So			0427 0428
Route #		Length of F	Route	(miles per day)	1	Type of		☐ Bus Route Mi☐ Non Bus Mile		Rated Capacity
12-16-3D-53.3	ı	53.3			E	Bus Route Mileage				66
Vehicle I.D. # License #					□ District Owned □ Contract - If so, Name of Owner					
1819 322				Contract - it so, Name of Owner Contracted rate per mile						
Reimbursement D	number and percentage must m				rsement to be p	aid to each dis	strict. Note: Percentages			
Legal Entity 0427 Legal Entity 0428			/					Legal Entir	ty	
0427	0427 04			+20						
% 50.00		%	50.	00		%			%	
PASSENGER INF	ORMATION		T					211 2211221 21	5550	T0711
Number of Presch riding this route	ool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HIC	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a				b		С.
Regular (include elig	ible Preschool/k	 Kindergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	:)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresider										
agreement) (Include ineligible Pro										
Nonpublic School Ric		,								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
olghatule - Ollall, BC	ourd or Trustees	•							Date	
This Application for				ommittee Approval as						CA. s within the transportation
area assigned to it	t by the Count	ty Transporta	tion C		. 1145 L		TIOWCG GITG	. Sorary triat tris		, maini ine danoportadon
Signature - Chair, Co	ounty Transporta	ation Committe	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	.	0							
This form is required in ac receives state reimbursen								one form for ea	ach bus route that
Duo	Dates:			To Cou	inty Supt		To OPI		Rate Per Mile
	Routes			Octobe		•	October 15		\$1.15
County Name			County Number		District	Name			Legal Entity Number
•			,				Jan and a		
Hill Route #	Leng	oth of Rou	21 ute (miles per day)			Public So Service	nools Bus Route Mil	eage	0427 0428 Rated Capacity
		, 0	ate (miles per day)		□ Non Bus Mile			•	
12-16-2-48	2-16-2-48 48 License #				Bus R	54			
	e I.D. # License #				DistrictContra		L me of Owner	District Own	ea
1820		393				cted rate pe			
Reimbursement Distributi	e legal en					sement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity Legal				ist mate	h budget Legal E			Legal Entit	у
0427			0428						
0/ 50.00		0/	50.00		%			%	
% 50.00 PASSENGER INFORMA	TION	%	50.00		70			70	
		ماند	ELEMENTARY I		S	HIC	SH SCHOOL RI		TOTAL
Number of Preschool/Kind riding this route	dergarten pu	ipiis	(Grades Pk	(-8)			(Grades 9-12))	ELIGIBLE RIDERS
		_	a				b		C
			NUMBER	R		NUMBER			a + b
Regular (include eligible Pres riders)	arten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as F	Related Service	е							
TOTAL ELIGIBLE RIDER	RS								
Ineligible Public School Rider		3							
miles OR nonresident and no agreement)									
(Include ineligible Preschool/ Nonpublic School Riders (ine		iders)							
TOTAL RIDERS									
We hereby certify that this County Transportation Comm									
We agree to supervision or required; to provide a vehicle	of this bus and	bus route	by the State Superintende	ent; to m	ake such r	eports to the S	State Superintende	ent and County S	Superintendent as are
Superintendent; and to provide	de a licensed, d	qualified a	nd approved driver to ope	rate suc	h vehicle a	s required by		Tigliway Fallol a	and the State
We also agree to refrain fr We understand that violati							nt cause for withho	olding of state a	nd county reimbursement for
this bus route. We agree that if this route	crosses distric	ct lines an	d transports students from	n outside	the district	t, a copy of the	e agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
	the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
,	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of T	rustees							Date	
Co	unty Transc	ortation	Committee Approval	l as rec	uired in	accordance	with Section 2	20-10-132. MC	A .
This Application for Regis	tration of Scl	hool Bus	and State Reimbursen						
area assigned to it by the Signature - Chair, County Tra		_	on Committee.					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in a	ccordanco with	h Titlo 20	Chanter 10 Part 1 MC/	\ School	district officia	I must complete	ano form for o	ach hue route that
			, Chapter 10, Part 1, MCA sportees of another legal of				one ionii ioi e	ach bus route that
D	- Datas		Т. (4	T- ODI		Rate Per Mile
	e Dates: Routes			County Su ober 1	pτ	To OPI October 15		\$1.36
County Name			County Number	Distri	ct Name			Legal Entity Number
Hill			21	Havi	e Public S	Schools		0427 0428
Route #	Lengt	h of Rout	te (miles per day)		Type of Service ☐ Bus Route Milea ☐ Non Bus Mileage			Rated Capacity
12-16-3C-47	47			D		66		
Vehicle I.D. #		_icense #	<u> </u>	T '	Bus Route Mileage 66 □ District Owned District Owned			
						ame of Owner	JISHICL OWI	eu
1819 322				□ Cont	racted rate pe	er mile		- tour
Reimbursement Distribut	ion- Enter the	legal ent	ity number and percentag			ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal En		natch budg Legal	et! Entity		Legal Entit	v
0427		g	0428	9	,			,
% 50.00		% 5	50.00	%			%	
PASSENGER INFORMA	TION		EL EMENTA DV DID	-00	1		DEDO	TOTAL
Number of Preschool/Kin	idergarten pup	oils	ELEMENTARY RIDI (Grades PK-8)	EKS	H	IGH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route			,			`	,	
			a			b		С
Barata Calabata Barata Bar		4	NUMBER			NUMBER		a + b
Regular (include eligible Pre riders)	school/Kinderga	rten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC))							
Non-WC IEP Lists Trans as	Related Service							
TOTAL ELIGIBLE RIDE	RS							
Ineligible Public School Ride	uro (i o Lundor 2							
miles OR nonresident and no								
agreement) (Include ineligible Preschool	/Kindergarten rid	lers)						
Nonpublic School Riders (inc	eligible)							
TOTAL RIDERS								
			on the route established by the hat this bus transports pupils					
We agree to supervision	of this bus and b	us route b	by the State Superintendent; to m standards as established by	o make sucl	reports to the	State Superintende	ent and County	Superintendent as are
Superintendent; and to provi	de a licensed, qu	ualified an	d approved driver to operate	such vehicle	as required by		riigriway Falior	and the State
			thers to solicit students from egulations governing school t			ent cause for withh	olding of state a	nd county reimbursement for
this bus route.	e crosses district	lines and	transports students from outs	ide the dist	ict a convoft	he agreement hetw	een Boards 20-	10-126(2) MCA signed by
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
We understand route cha accordance with 20-10-132,		uring the	school year require the filing	or an ameno	iea i K-1 form :	and approval of the	County Transpo	ortation Committee in
			hool bus and state reimbu					
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							mmuee.	
- / /								
			Committee Approval as					
This Application for Registarea assigned to it by the			and State Reimbursement	has been	reviewed and	d I certify that this	s bus operates	within the transportation
Signature - Chair, County Tr			. 551111111100.				Date	
							Ī	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							ach bus route that		
Due Dates All Routes			To County October 1		To OPI October 15		\$0.95		
County Name		County Number	D	District I	Name		Legal Entity Number		
Hill		21			Public Schools		0427 0428		
Route #	Length of Ro	oute (miles per day)	T	ype of	Service Bus Route Mil Non Bus Milea	-	Rated Capacity		
12-16-6-183	183		В	Bus R	oute Mileage		48		
Vehicle I.D. # 6067				 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- En	iter the legal e		ntage of sta	tate/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity	Legal		ust match b	oudget! egal Er		Legal Entit	y		
0427				•	•				
% 50.00	%	50.00		%		%			
PASSENGER INFORMATION	,,			,,					
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY I (Grades Pk			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
a NUME			R	b NUMBER			c a + b		
Regular (include eligible Preschool/Kindergarten riders)					NOMBER		u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten nders)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for r bus operates on the route as ap	•				•	,	9		
Signature - Chair, Board of Trustees		are aurioportatio	J.1 301 VIOC (J. 50 0.	co.g.iou by the county Hall	Date			
This Application for Registration	of School Bu	s and State Reimbursen			accordance with Section 2 viewed and I certify that this				
·	area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e							cn bus route that Rate Per Mile
Due Date All Routes			To Count October 1		To OPI October 15	\$	61.57
County Name		County Number	r [District Na	me		Legal Entity Number
Hill		21		Havre Pı	ublic Schools		0427 0428
Route #	Length of Ro	ute (miles per day)		Type of Se	ervice Bus Route Mile	eage	Rated Capacity
12-16-4-137.2	137.2			Bus Rou	□ Non Bus Milea ite Mileage		72
Vehicle I.D. #	License	#		District Ov		istrict Owne	ed
3236	395			Contract -			
Reimbursement Distribution- Er	nter the legal er		centage of s		y reimbursement to be pa	id to each dist	rict. Note: Percentages
Legal Entity	Legal E	ntity		Legal Entity	у	Legal Entity	,
0427		0428					
% 50.00	% 50.00 % 50.0			%		%	
PASSENGER INFORMATION	,,			,,,		,,	
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route		Y RIDERS PK-8)		HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			SER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for the bus operates on the route as application for the second seco							
Signature - Chair, Board of Trustees					J 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date	
This Application for Registration	of School Bus	and State Reimburs			cordance with Section 2 wed and I certify that this		
area assigned to it by the Count Signature - Chair, County Transport		on Committee.				Date	
•							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

									•	
		ven thou s:			gal enti	ty may ut I nty Supt	ilize the ser		one form for e	ach bus route that Rate Per Mile \$0.95
County Name				County Number		District	Name			Legal Entity Number
Hill				21		Havre	Public S	chools		0427 0428
Route #		Length	of Route	(miles per day)			Service	□ Bus Route Mil		Rated Capacity
12-16-6-191.4	2-16-6-191.4 191.4				□ Non Bus Mile Bus Route Mileage			age	48	
Vehicle I.D. #			icense #			•			District Own	ed
6067	6067 106					ct - If so, Na cted rate pe	ame of Owner er mile			
Reimbursement D	istribution- En	nter the le	egal entity			f state/co h budget		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal E 0427			egal Enti (dst mate	Legal E			Legal Entir	ty
% 50.00 %			% 50	0.00		%			%	
PASSENGER INF										_
Number of Presch riding this route	nool/Kindergart	ten pupil	ls	ELEMENTARY (Grades Ph		3	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER	 R			b NUMBER		c a + b
Regular (include elig	ible Preschool/k	Kindergart	ten		-					
1st Wheelchair (WC))									
2nd Wheelchair (WC	;)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists To	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schemiles OR nonresider										
agreement) (Include ineligible Pr	eschool/Kinderg	garten ride	ers)							
Nonpublic School Ri	ders (ineligible)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
				ool bus and state rei thin the transportation						edge and belief, and the mmittee.
Signature - Chair, Bo			•	,			- /	Ź	Date	
This Application for area assigned to it	or Registration	of Scho	ool Bus ar							CA. swithin the transportation
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e									one form for e	ach bus route that
		lough th	апороп	ices of another it	Ü	, ,				Rate Per Mile
Due Date All Routes					Octobe	nty Supt r 1		To OPI October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Hill				21		Havre	Public S	Schools		0427 0428
Route #	Lenç	gth of R		niles per day)		Type of Service ☐ Bus Route Mi				Rated Capacity
12-16-10-93	93					□ Non Bus Mileage Bus Route Mileage				72
Vehicle I.D. #		Licens	e #			□ District Owned District				ned
4110		95					ct - If so, I cted rate p	Name of Owner per mile	····	
Reimbursement Distribution- Er	nter the	e legal e	entity n			f state/co h budget		oursement to be p	aid to each di	strict. Note: Percentages
Legal Entity		Legal			usi maic	Legal E			Legal Enti	ty
0427			042	28						
% 50.00 %			50.00	0		%			%	
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	ten pu	upils		ELEMENTARY (Grades P		3	F	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a NUMBE	:p			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kinderg	garten		NOMBE	-11			HOMBER		u · b
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Servic	ce								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)		3								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten r	riders)								
TOTAL RIDERS										
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts standards of both districts standards of we understand route changes of accordance with 20-10-132, MCA.	We furtus and meets ensed, iciting of the law es distrinall be accurring	ther certiin the rout the minir qualified or causin ws, rules of the title t	fy that the by the mum state and applying others for regulating transfer to the control of the school of the schoo	nis bus transports para State Superintend indards as establish proved driver to ope to solicit students ations governing so sports students from county superintende only ear require the	pupils eligident; to mand the description of the chool transfer outside ent's copy filling of a	ible for sch ake such re Board of n vehicle a er transport sportation v the district of this doo n amended	eports to the Public Educe sequired be action areas will be suffice to a copy of cument.	ortation as defined by e State Superintende cation, the Montana by 20-10-103, MCA	v 20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for the bus operates on the route as application.										
Signature - Chair, Board of Trustees	_			<u> </u>					Date	
This Application for Registration	of Sc	chool Bu	s and \$	State Reimburse				ce with Section 2 and I certify that this		
area assigned to it by the Count Signature - Chair, County Transport				mmittee.					Date	
- , , , , , ,										



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement e						one form for e	ach bus route that	
Due Date All Routes	s:		•	nty Supt			Rate Per Mile \$0.95	
County Name		County Number		District	Name		Legal Entity Number	
Hill		21		Havre	Public Schools		0427 0428	
Route #	Length of F	Route (miles per day)		Type of	Service Bus Route M Non Bus Mile	•	Rated Capacity	
12-16-9-88.6	88.6			Bus R	oute Mileage	ŭ	48	
Vehicle I.D. # License # 1458 117				 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 				
Reimbursement Distribution- E		entity number and percer				paid to each dis	strict. Note: Percentages	
Legal Entity	l egal	Entity	ust matc	h budget Legal E		Legal Enti	ev -	
0427		0428		2090. 2	,		,	
% 50.00	%	50.00		%		%		
PASSENGER INFORMATION	30.00		70		70	_		
Number of Preschool/Kindergariding this route	ELEMENTARY I (Grades Pk		8	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBEF	D		b NUMBER		c a + b	
Regular (include eligible Preschool/ riders)	Kindergarten	NOMBEL			NOMBLE		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)	1							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
 accordance with 20-10-132, MCA. I certify that this application for bus operates on the route as a 								
Signature - Chair, Board of Trustee:			201110	u	g y s	Date		
This Application for Registration area assigned to it by the Coun	n of School Buty Transporta	us and State Reimbursen tion Committee.			accordance with Section viewed and I certify that this	s bus operates		
Signature - Chair, County Transport	tation Committe	ee ——————				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement ev										
Due Dates All Routes				Cou ctobe	nty Supt r 1		OPI tober 15		Rate Per Mile \$0.95	
County Name			County Number		District	Name			Legal Entity Number	
Hill			21		Cottor	wood Eleme	entary		0445	
Route #	Length o	of Route (miles per day)	, , ,		us Route Mile	•	Rated Capacity		
12-57-1	89.2				□ Non Bus Mileage Bus Route Mileage				47	
Vehicle I.D. # License #				□ District Owned District Owned					ed	
8653 435						ct - if so, Name of cted rate per mil				
Reimbursement Distribution- En	gal entity					nent to be pa	id to each dis	trict. Note: Percentages		
Legal Entity Legal Entity				matc	h budget Legal E			Legal Entit	у	
0445										
% 100.00	% 100.00 %				%			%		
PASSENGER INFORMATION	_								_	
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY RII (Grades PK-8		5		SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER				b NUMBER		c a + b	
Regular (include eligible Preschool/kiriders)	Kindergarte	en	NOMBER				NOWBER		a + b	
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	>								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten nders	S)								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the		
Signature - Chair, Board of Trustees								Date		
County 1	[ranenort	tation Co	mmittee Approval a	s roa	uired in	accordance wit	th Section 2	0-10-132 MC	Δ	
This Application for Registration area assigned to it by the Count	of Schoo ty Transpo	ol Bus and ortation C	I State Reimburseme					bus operates		
Signature - Chair, County Transporta	ation Comm	nittee						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nco with	Title 20 (Chapter 10 Part 1 MCA	School di	etrict official	must complete or	oo form for o	ach hue route that
This form is required in accordance receives state reimbursement ex							ie ioiiii ioi ea	den bus route that
						T 001		Rate Per Mile
Due Dates All Routes	5 :			ounty Sup ber 1		To OPI October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Hill			21	Cotto	nwood Fle	ementary		0445
Route #	Length	of Route	(miles per day)		Cottonwood Elementary Type of Service □ Bus Route M			Rated Capacity
40.57.04						☐ Non Bus Milea		
12-57-2A Vehicle I.D. #	141.4				Route Mile	24		
venicie i.D. #	"	cense #		□ Distric□ Contra		D) ame of Owner	strict Own	ed
4044 435					cted rate pe			
Reimbursement Distribution- En	ter the le	egal entity	number and percentage	e of state/co	unty reimbu	rsement to be pa	d to each dis	trict. Note: Percentages
		•	must m	atch budge	!			
Legal Entity Legal Entity 0445			у	Legal E	ntity		Legal Entit	У
% 100.00		%		%			%	
PASSENGER INFORMATION		70		70			70	
			ELEMENTARY RIDE	RS	HIG	GH SCHOOL RID	ERS	TOTAL
Number of Preschool/Kindergart riding this route	ten pupil	S	(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS
namy and route								
				a		b		C
Regular (include eligible Preschool/K	Cindergarte	en	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
, ,								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendation								
agreement)		,						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)						
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus wil	II operate	entirely on	the route established by the	Board of Tr	ustees and wit	thin the transportation	n area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this but								
required; to provide a vehicle which r	meets the	minimum s	standards as established by	the Board of	Public Educa	tion, the Montana H		
Superintendent; and to provide a lice We also agree to refrain from soli						20-10-103, MCA.		
We understand that violations of t this bus route.	the laws, r	rules or reg	ulations governing school tr	ansportation	will be sufficie	ent cause for withhol	ding of state ar	nd county reimbursement for
We agree that if this route crosses						e agreement betwee	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc						and approval of the C	County Transpo	ortation Committee in
accordance with 20-10-132, MCA.								
I certify that this application for rubus operates on the route as ap								
Signature - Chair, Board of Trustees		,			<u> </u>	,	Date	
			ommittee Approval as i					
This Application for Registration area assigned to it by the Count				has been re	eviewed and	I certify that this	bus operates	within the transportation
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	Due Dates		анѕро	ortees of another legal e		nty Supi		To OPI		Rate Per Mile
	All Routes			Octo			•	October 15		\$0.95
County Name				County Number		District	Name			Legal Entity Number
Hill				21				ementary		0445
Route #		Length of R	loute (miles per day)		Type of Service ☐ Bus Route Milea				Rated Capacity
12-57-2 156					Bus Route Mileage				24	
Vehicle I.D. # License #				☐ District Owned ☐ District Owned ☐ Contract - If so, Name of Owner					ned	
4044 435					Contracted rate per mile					
Reimbursement D	istribution- Ent	er the legal	entity			state/co		ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity			Entity		iaiCi	Legal E			Legal Enti	ty
0445										
% 100.00)	%				%			%	
PASSENGER INF	ORMATION									
Number of Presch riding this route	ool/Kindergart	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	;	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				а				b		С
Regular (include eligible Preschool/Kindergarten				NUMBER		NUMBER				a + b
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	3)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pro										
Nonpublic School Ric										
TOTAL RIDERS										
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I certify that this a	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Bo				are a an eportunon ou		- w.ou u	- 3.gou 5y	and deality irui	Date	
	County T	ransportatio	on Co	mmittee Approval as	reai	uired in	accordanc	e with Section	 20-10-132. MC	CA.
This Application for area assigned to it	r Registration	of School Bu	ıs and	State Reimbursement						s within the transportation
Signature - Chair, Co				ommulee.					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.						ach bus route that			
Due Dates All Routes			County Suprober 1	t To OPI October 15		\$0.95			
County Name		County Number	District	Name		Legal Entity Number			
Hill		21		nwood Elementary		0445			
Route #	Length of Route	e (miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity			
12-57-1A				Route Mileage	_	47			
Vehicle I.D. # License #			☐ District Owned☐ Contract - If so, Name of Owner☐						
8653	435		Contracted rate per mile						
Reimbursement Distribution- En	iter the legal entit		e of state/co natch budget		oaid to each dis	trict. Note: Percentages			
Legal Entity 0445			Legal E	ntity	Legal Entit	У			
% 100.00		%		%					
PASSENGER INFORMATION		ELEMENTARY RIDE	ERS	HIGH SCHOOL R	IDERS	TOTAL			
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	-	(Grades 9-12	2)	ELIGIBLE RIDERS			
	a NUMBER		b NUMBER		c a + b				
Regular (include eligible Preschool/k riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	parteri fiders)								
TOTAL RIDERS									
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I certify that this application for r	accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		and admoportation se	urou u	congress of the county frui	Date				
This Application for Registration area assigned to it by the Count	of School Bus and y Transportation	nd State Reimbursement		accordance with Section eviewed and I certify that thi					
Signature - Chair, County Transporta	ation Committee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev									
Due Dates All Routes				ounty Sup ber 1	To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	District	Name		Legal Entity Number		
Hill			21		Boy Public Schools		1207 1229		
Route #	Length	of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity		
1	24.8			Bus R	84				
Vehicle I.D. # License # 6998 703				 □ District Owned □ Contract - If so, Name of Owner 					
Reimbursement Distribution- En		number and percentage		cted rate per mile	aid to each dis	trict. Note: Percentages			
			must m	atch budget	!				
Legal Entity Legal Entity 1207 1229				Legal E	nuty	Legal Entit	y		
% 80.00 % 20.00			00	%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/k riders)	Kindergarte	en	NONBLIC		NOMBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., to miles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)							
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees						Date			
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e						one form for ea	ach bus route that		
Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Hill			21	Rock	y Boy Public Schools		1207 1229		
Route #	Length	of Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity		
2	29.2			Bus F	Route Mileage	aye	71		
Vehicle I.D. # License #				□ District Owned District Owned					
6211 556				□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- En	iter the le	egal entity	ntity number and percentage of state/county reimbursement to be paid to each district. Note: Per must match budget!						
Legal Entity Legal Entity 1229			у	Legal Entity Leg			ty		
1207 122			229						
% 80.00		% 20	.00	%		%			
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	111011 0011001 P	DEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupil	Is	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER				c a+b		
Regular (include eligible Preschool/k	Kindergart	ten	NOMBLIX		NUMBER		a i b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	,							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ride	ers)							
TOTAL RIDERS									
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					accordance with Section 2				
This Application for Registration area assigned to it by the Count	y Transp	portation C		t has been r	eviewed and I certify that this	s bus operates	within the transportation		
Signature - Chair, County Transporta	ation Com	nmittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
Due Date All Routes				To Cou	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Hill			21			Boy Public Schools		1207 1229	
Route #	Leng	gth of Rou	ite (miles per day)		Type of	Service □ Bus Route Mil □ Non Bus Milea		Rated Capacity	
6	50				Bus R	Coute Mileage	age	72	
Vehicle I.D. # License #					District		istrict Own	ed	
9541 308				□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Er	nter the	e legal en	ntity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage must match budget!						
Legal Entity Legal Entity 1229					Legal E		Legal Entit	у	
1207 1229			1229						
% 80.00		%	20.00		%		%		
PASSENGER INFORMATION			EL EMENTA DI	(DIDED	0	1110110011001 BI	DED0	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	ipils	ELEMENTARY (Grades F		S	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBE	=D		b NUMBER		C C	
Regular (include eligible Preschool/l	Kinderg	arten	NOIVIDE	_K		NOWBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)							
TOTAL RIDERS									
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts st We understand route changes of accordance with 20-10-132, MCA. I certify that this application for the	We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in								
County This Application for Registration						accordance with Section 2			
area assigned to it by the Count	ty Tran	nsportatio							
Signature - Chair, County Transport	auon Co	ommutee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement events.						one form for ea	ach bus route that		
Due Dates All Routes				County Suր ober 1	ot To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	Distric	t Name		Legal Entity Number		
Hill			21		y Boy Public Schools		1207 1229		
Route #	Length	of Route	(miles per day)	Type	of Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity		
5	55.4			Bus I	Route Mileage	aye	84		
Vehicle I.D. # License #						District Own	ed		
4303 696				□ Contract - If so, Name of Owner□ Contracted rate per mile					
Reimbursement Distribution- En	iter the le	egal entity	ntity number and percentage of state/county reimbursement to be paid to each district. Note: Perce must match budget!						
Legal Entity Legal Entity			у	Legal		Legal Entit	у		
1207 1229			229						
% 80.00		% 20	.00	%		%			
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	111011 0011001 D	DEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupil	Is	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/k	Kindergart	ten	NOMBER		NOWBER		a · b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ride	ers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
					n accordance with Section				
This Application for Registration area assigned to it by the Count	y Transp	portation C		t has been i	reviewed and I certify that this	s bus operates	within the transportation		
Signature - Chair, County Transporta	ation Com	nmittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.						one form for e		
Due Dates All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Hill			21		Boy Public Schools		1207 1229	
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
8 Sp Ed	•			Bus R	Route Mileage	•	12	
Vehicle I.D. # License #				□ District Owned □ Contract - If so, Name of Owner				
3938 697					cted rate per mile			
Reimbursement Distribution- En	iter the lega	I entity		umber and percentage of state/county reimbursement to be paid to each district. Note: Percentag must match budget!				
Legal Entity Legal Entity			/	Legal E		Legal Entit	ty	
1207 1229								
% 80.00	9/	6 20.	.00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	-De	HIGH SCHOOL F	IDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	-K3	(Grades 9-1		ELIGIBLE RIDERS	
			a NUMBER	b NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOMBLIX		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for r bus operates on the route as ap	0				•	,	9	
Signature - Chair, Board of Trustees		ara will	are transportation se	. 1100 0160 0	solghod by the County Ha	Date		
County T This Application for Registration area assigned to it by the Count	of School E	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that the			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•			
Due Dates All Routes	:			County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Hill			21		Boy Public Schools		1207 1229	
Route #	Length	h of Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile:		Rated Capacity	
7	88			Bus F	toute Mileage	ŭ	71	
Vehicle I.D. # 5267		icense #			ct - If so, Name of Owner	District Own	ed	
Reimbursement Distribution- Ent			number and percentage		cted rate per mile	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal Entit	must m	atch budge Legal E	1	Legal Entit		
1207		•	y 229	Legal L	nuty	Legal Lilli	y	
% 80.00		% 20	.00	%		%		
PASSENGER INFORMATION	_						_	
Number of Preschool/Kindergarteriding this route	en pupi	ils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/K riders)	indergar	rten	NOMBLIX		NOMBER		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	ance							
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rebus operates on the route as app								
Signature - Chair, Board of Trustees					<u></u>	Date		
County To This Application for Registration area assigned to it by the County	of Scho	ool Bus an	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with	Title 20	Chanter 10 Part 1 MCA	School	istrict official	must complete or	ne form for e	ach hus route that
receives state reimbursement e								
Due Dates			To C	ounty Sur	.+	To OPI		Rate Per Mile
All Routes				ber 1		October 15		\$1.15
				1				=
County Name			County Number	Distric	Name			Legal Entity Number
Hill			21			olic Schools		1207 1229
Route #	Length	of Route	(miles per day)	Type o		□ Bus Route Mile	•	Rated Capacity
4	21.6			Bus I	Route Mile	□ Non Bus Milea eaαe	ge	59
Vehicle I.D. #	Lic	cense #		□ Distric			istrict Own	ed
8869	66	60			act - If so, Na acted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the le	gal entity	y number and percentage	e of state/c	ounty reimbu	irsement to be pai	id to each dis	trict. Note: Percentages
Logal Entity		agal Estit		atch budge		-	Logol Entit	.,
Legal Entity 1207	Le	egal Entit 1	iy 229	Legal I	Enuty		Legal Entit	у
% 80.00		% 20	0.00	%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten nunils	۹ ا	ELEMENTARY RIDE (Grades PK-8)	RS	HI	GH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route		3	(Glades I It-o)			(Grades 5-12)		LEIGIBLE RIBERO
			a		1	b		C
			NUMBER			NUMBER		a + b
Regular (include eligible Preschool/k riders)	Kindergarte	en						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten rider	rs)						
. ,								
TOTAL RIDERS								
We hereby certify that this bus wi	Il operate e	entirely on	the route established by the	Board of T	ustees and wi	thin the transportation	on area assigne	ed and approved by the
County Transportation Committee. \	We further	certify that	at this bus transports pupils e	eligible for so	hool transporta	ation as defined by 2	20-10-101, MC	A.
We agree to supervision of this be required; to provide a vehicle which is	meets the	minimum	standards as established by	the Board o	f Public Educa	ntion, the Montana H		
Superintendent; and to provide a lice We also agree to refrain from soli						20-10-103, MCA.		
We understand that violations of						ent cause for withhol	ding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse						ne agreement betwee	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc						and approval of the C	County Transpo	ortation Committee in
accordance with 20-10-132, MCA.		_						
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees			·			j	Date	
			ommittee Approval as i					
This Application for Registration area assigned to it by the Count				nas been i	eviewed and	i i ceruiy that this	ous operates	within the transportation
Signature - Chair, County Transporta							Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.57 Legal Entity Number County Name County Number District Name Rocky Boy Public Schools 1207 1229 Hill Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 20.6 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 9264 588 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1207 1229 20.00 % % % 80.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.	
Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.					te one form for e	ach bus route that
						Rate Per Mile
Due Dates All Routes		To Co Octob	unty Supt er 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Hill		21	Kreml	lin-Gildford Pub Schl	s	1208 1209
Route #	Length of Ro	oute (miles per day)	Type of	f Service Bus Route		Rated Capacity
3k	21.2		Bus R	□ Non Bus N Route Mileage	illeage	72
Vehicle I.D. #	Licens		□ District	t Owned	District Owr	ned
9855	630			act - If so, Name of Owner acted rate per mile	·	
Reimbursement Distribution- En	ter the legal e		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal		Legal E		Legal Enti	ty
1208						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RIDER	RS.	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	··O	(Grades 9-		ELIGIBLE RIDERS
		a NUMBER		b NUMBE	R	c a+b
Regular (include eligible Preschool/kriders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
County Transportation Committee. We agree to supervision of this birequired; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soil We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts show understand route changes of accordance with 20-10-132, MCA.	We further certifus and bus rout meets the mining ensed, qualified citing or causing the laws, rules of a district lines a sall be attached curring during to	e by the State Superintendent; to r num standards as established by the and approved driver to operate so g others to solicit students from out or regulations governing school trained and transports students from outsid to the county superintendent's cop- he school year require the filing of	gible for sch make such r he Board of ch vehicle a her transpor nsportation e the distric by of this do an amende	nool transportation as defined reports to the State Superinte Public Education, the Monta as required by 20-10-103, MC tation areas. will be sufficient cause for wi tt, a copy of the agreement be cument. d TR-1 form and approval of	I by 20-10-101, MC indent and County na Highway Patrol A. thholding of state a etween Boards, 20- the County Transp	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap	0			•	,	,
Signature - Chair, Board of Trustees				J 27 200	Date	
This Application for Registration	of School Bu					
area assigned to it by the Count Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						omplete one for	m for eac	ch bus route that	
Due Dates All Routes				County Su ober 1		PI per 15		ate Per Mile 1.57	
County Name			County Number	Distric	t Name		L	egal Entity Number	
Hill			21	Kren	nlin-Gildford Pub	Schls		1208 1209	
Route #	Length of	f Route ((miles per day)	Type		Route Mileage Bus Mileage	F	Rated Capacity	
1c	10.6			Bus	Route Mileage	bus Mileage	7	72	
Vehicle I.D. #	Lice	ense #			ct Owned		t Owne	d	
9855	630	0			ract - If so, Name of racted rate per mile _	Owner			
Reimbursement Distribution- En	iter the leg	al entity		ge of state/onatch budge		nt to be paid to e	each distr	ict. Note: Percentages	
Legal Entity	Leg	gal Entity		Legal		Leç	gal Entity		
1208									
% 100.00		%		%			%		
PASSENGER INFORMATION	_		E. E						
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS		HOOL RIDERS ades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER		NI	b UMBER		c a + b	
Regular (include eligible Preschool/k riders)	Kindergarten	1	NOWIDER		N.	OWDER		a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten nders								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
						0 41 00 - 10	400 110		
This Application for Registration area assigned to it by the Count	of School y Transpo	Bus and rtation C				y that this bus o			
Signature - Chair, County Transporta	ation Commi	ittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven mou	yn transpo	onces or another legal e	muy may u	unze une servi	ICES.		Rate Per Mile
Due Dates				ounty Sup		To OPI		
All Routes	5		Octo	ber 1		October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Hill			21	Krem	lin-Gildford	Pub Schls		1208 1209
Route #	Length	of Route	(miles per day)		f Service	Bus Route Mile		Rated Capacity
4a	10.6			Due F		Non Bus Milea	ge	72
Vehicle I.D. #	<u> </u>	cense #		☐ Distric	Route Milea		istrict Own	<u> </u>
					i Owned ict - If so, Nar		istrict Own	eu
9855	63	30			cted rate per			
Reimbursement Distribution- Er	nter the le	egal entity				sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	1.	egal Entity		atch budge Legal E			Legal Entit	V
1208		ogai Entity	,	Logar	initity		Logar Little	y
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten punils	s	ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route			(Grades i it o)			(0144000 0 12)		LEIGIBEE RIBERO
			a			b		С
			NUMBER			NUMBER		a + b
Regular (include eligible Preschool/liriders)	Kindergarte	en						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								-
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kindero	narten ride	are)						
Nonpublic School Riders (ineligible)		.13)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee.								
We agree to supervision of this b	ous and bus	s route by tl	he State Superintendent; to	make such	reports to the S	tate Superintende	nt and County S	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice							lighway Patrol a	and the State
We also agree to refrain from sol We understand that violations of						ot cause for withho	lding of state a	nd county reimbursement for
this bus route.								
We agree that if this route crosse the school boards of both districts sh						agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.						d approval of the	County Transpo	ortation Committee in
I certify that this application for								
bus operates on the route as ap		y and with	nin the transportation se	rvice area a	assigned by the	ne County Trans		mmittee.
Signature - Chair, Board of Trustees	•						Date	
County 1	Transnor	rtation Co	mmittee Approval as r	eguired in	accordance	with Section 2	0-10-132 MC	SA .
This Application for Registration	of School	ol Bus and	d State Reimbursement					
area assigned to it by the County Signature - Chair, County Transport			ommittee.			Ī	Date	
Signature Shair, County Transport							_410	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
	•	gri transpo	•			vices.		Rate Per Mile	
Due Dates All Routes			To Co Octob	unty Supt er 1	t	To OPI October 15		\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Hill			21	Kreml	in-Gildfor	d Pub Schls		1208 1209	
Route #	Length	of Route	(miles per day)	Type of		☐ Bus Route Mil☐ Non Bus Milea		Rated Capacity	
1-B	10.6			Bus R	oute Mile		ago	72	
Vehicle I.D. #	Lic	cense #		□ District			District Own	ed	
9855	63	30			cted rate pe	me of Owner r mile			
Reimbursement Distribution- En	iter the le	gal entity		of state/co tch budget		rsement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 1208	Le	egal Entity 12		Legal E			Legal Entit	У	
% 40.00		% 60.	.00	%			%		
PASSENGER INFORMATION			ELEMENTARY RIDER	200	1112	CH CCHOOL BY	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	5	(Grades PK-8)	15	HIC	GH SCHOOL RI (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/rriders)	Kindergarte	en	-						
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderd	ance	· · · · · · · · · · · · · · · · · · ·							
Nonpublic School Riders (ineligible)	arten nuer	S)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap Signature - Chair, Board of Trustees		y and with	hin the transportation serv	/ice area a	ssigned by	the County Trans	sportation Cor	nmittee.	
This Application for Registration area assigned to it by the Count	of School y Transpo	ol Bus and ortation C							
Signature - Chair, County Transporta	ation Comn	mittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement events.						te one form for e		
Due Dates All Routes			To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Numbe	r	District	Name		Legal Entity Number	
Hill		21			in-Gildford Pub Schl	s	1208 1209	
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route Non Bus M	J	Rated Capacity	
4-B	10.6			Bus R	oute Mileage	_	72	
Vehicle I.D. #	Licens	e #		□ District	Owned ct - If so, Name of Owner	District Own	ied	
9855	630				cted rate per mile			
Reimbursement Distribution- En	ter the legal			of state/co tch budget		e paid to each dis	strict. Note: Percentages	
Legal Entity 1208	Legal	Entity 1209	maot ma	Legal E		Legal Entit	ty	
1206		1209						
% 50.00	%	50.00		%		%		
PASSENGER INFORMATION		ELEMENTAR	V DIDE	26	HIGH SCHOOL	DIDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades		NO .	(Grades 9-		ELIGIBLE RIDERS	
		a NUMB	BER		b NUMBEI	3	c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten						J. 4	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap	•				•	,	9	
Signature - Chair, Board of Trustees		a main are aurioporte			selfice by the county in	Date		
County T This Application for Registration area assigned to it by the Count	of School Bu	is and State Reimburs			accordance with Section eviewed and I certify that the			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Date All Routes		legal entit	ty may utiliz nty Supt	e the services		ne form for e	ach bus route that Rate Per Mile \$1.57		
County Name			County Number		District Na	me			Legal Entity Number
-									
Hill Route #	Longi	th of Doute	21 (miles per day)		Type of Se	Gildford P	ub Schls us Route Mile	2000	1208 1209 Rated Capacity
Noute #	Lengi	iii oi Roule	(Illies per day)		Type of Se		on Bus Milea	J	Nated Capacity
1-A	25.2				Bus Rou	ıte Mileage			72
Vehicle I.D. #		License #				wned · If so, Name		istrict Own	ed
9855		630				d rate per mi			
Reimbursement Distribution- Er	nter the	legal entity			f state/coun h budget!	ty reimbursen	ment to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal Enti		iust mate	Legal Entit	:y		Legal Entit	ty
1208		1	1209						
% 70.00		% 30	0.00		%			%	
PASSENGER INFORMATION				/ DIDED!	2 1	HICH	SCHOOL BIL	DEDE	TOTAL
Number of Preschool/Kindergar riding this route	ten pur	oils	ELEMENTARY (Grades F				SCHOOL RIE Grades 9-12)		ELIGIBLE RIDERS
			a NUMBE	ER			b NUMBER		c a+b
Regular (include eligible Preschool/l riders)	Kinderga	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	;							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder	lance garten ric								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts sleed we understand route changes or accordance with 20-10-132, MCA. I certify that this application for the content of th	We furth ous and be meets the ensed, quiciting or the laws es distriction be accurring	ner certify the bus route by ne minimum jualified and r causing off s, rules or re- t lines and to ttached to the during the s-	at this bus transports the State Superintens tandards as establis approved driver to operers to solicit students gulations governing suransports students from the county superintend chool year require the cool bus and state re-	pupils eligi dent; to ma shed by the perate such s from othe chool trans om outside lent's copy e filing of ar reimburse	ble for school ake such repo a Board of Pu n vehicle as re or transportation sportation will the district, a of this docum n amended Ti ment is true	I transportation onto to the State blic Education, equired by 20-1 on areas. be sufficient cacopy of the agreement. R-1 form and agreement and complet	as defined by Superintender the Montana Hollo-103, MCA. ause for withhous reement between pproval of the teto the best	20-10-101, MC nt and County s dighway Patrol s lding of state a en Boards, 20- County Transpo	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees		l by and wi	thin the transportat	tion servi	ce area assi	gned by the (County Trans	portation Cor	mmittee.
This Application for Registration area assigned to it by the Coun	of Sch	nool Bus ar							
Signature - Chair, County Transport	,	•						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

copy School Distri

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Dates All Routes				County Sup ober 1	ot To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	Distric	t Name		Legal Entity Number		
Hill			21	Krem	lin-Gildford Pub Schls		1208 1209		
Route #	Length	of Route	(miles per day)	Туре	of Service Bus Route Mi	J	Rated Capacity		
4-C	25.2			Bus F	□ Non Bus Mile Route Mileage	age	72		
Vehicle I.D. #	Li	icense #		□ Distric		District Own	ed		
9855	6	30			act - If so, Name of Owner acted rate per mile				
Reimbursement Distribution- En	ter the le	egal entity		e of state/conatch budge		aid to each dis	trict. Note: Percentages		
Legal Entity	Le	egal Entity	1	Legal E		Legal Entit	у		
1208		12	209						
% 70.00		% 30.	00	%		%			
PASSENGER INFORMATION			ELEMENTA DV DID	EDO	Lucus couloot Br	DEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/k riders)	Cindergarte	en	NOMBER		NOWIBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	,							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
					accordance with Section				
This Application for Registration area assigned to it by the Count	y Transp	oortation C		t has been r	eviewed and I certify that this	s bus operates	within the transportation		
Signature - Chair, County Transporta	ation Com	mittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20), Chapter 10, Part 1, MCA.	School dist	trict official must complete o	one form for ea	ch bus route that		
receives state reimbursement e		sportees of another legal er	itity may utii	ize the services.	F	Rate Per Mile		
Due Date All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	\$	\$1.15		
County Name		County Number	District N	Name		Legal Entity Number		
Hill		21	Blue S	ky K-12 Schools		1220		
Route #	Length of Rou	te (miles per day)		Service Bus Route Mil	•	Rated Capacity		
12-K-3	31.2		Bus Ro	□ Non Bus Milea oute Mileage	age	54		
Vehicle I.D. #	License #	‡	□ District (District Own			
5554	433			et - If so, Name of Owner eted rate per mile				
Reimbursement Distribution- Er	nter the legal ent	ity number and percentage			aid to each dist	rict. Note: Percentages		
Legal Entity 1220	Legal En		Legal En	ntity	Legal Entity	/		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTA DV DIDE	DC T	THOU COURSE TO	DEDC	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	KS	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	garten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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				accordance with Section 2				
This Application for Registration area assigned to it by the Count	ty Transportatior		nas been rev	viewed and i certify that this	bus operates	within the transportation		
Signature - Chair, County Transport	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever						one form for e	ach bus route that
	i tilougii tialisp	•			To OPI		Rate Per Mile
Due Dates: All Routes			To County Supt October 1				\$0.95
County Name		County Number	District	Name			Legal Entity Number
Hill		21	Blue S	Sky K-12 S	Schools		1220
	ength of Route	(miles per day)		Service [Bus Route Mi		Rated Capacity
12-K-1 9	4.4		Bus R	oute Milea	≀ Non Bus Milea aae	age	21
Vehicle I.D.#	License #		□ District	Owned	(Contractor (
6142	E448			ct - If so, Na cted rate per	me of Owner mile	Foner's Tire	e Rama ——
Reimbursement Distribution- Enter	the legal entity		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Enti		Legal E			Legal Enti	ty
1220							
% 100.00	%		%			%	
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergarten	n pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route	<u>.</u> .	,			•	,	
		a			b		C .
Regular (include eligible Preschool/Kind	dergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	rvice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unc							
miles OR nonresident and no attendance agreement)							
(Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	en riders)						
TOTAL RIDERS							
			- · · · · ·				
We hereby certify that this bus will of County Transportation Committee. We We agree to supervision of this bus required; to provide a vehicle which me Superintendent; and to provide a licens We also agree to refrain from soliciti	further certify that and bus route by ets the minimum ed, qualified and	at this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate so	ligible for sch make such r the Board of uch vehicle a	nool transporta eports to the S Public Educat s required by 2	tion as defined by state Superintende ion, the Montana	20-10-101, MC ent and County	A. Superintendent as are
We understand that violations of the this bus route.					nt cause for withh	olding of state a	nd county reimbursement for
We agree that if this route crosses d the school boards of both districts shall					agreement between	een Boards, 20-	10-126(2) MCA, signed by
We understand route changes occur accordance with 20-10-132, MCA.					nd approval of the	County Transp	ortation Committee in
I certify that this application for reg bus operates on the route as appro							
Signature - Chair, Board of Trustees	oved by allu Wi	um uie uansportation ser	vice alea a	ssigned by t	ne County ITAN	Date Date	mmillee.
County Tra This Application for Registration of area assigned to it by the County 1	School Bus ar						
Signature - Chair, County Transportation						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda						form for ea	ch bus route that	
	J	•	portees of another legal entity may utilize the serv			F	Rate Per Mile	
Due Dates All Routes		To County Supt October 1		To OPI October 15		\$0.95		
County Name		County Number	County Number District Na				Legal Entity Number	
Hill		21	Blue	Blue Sky K-12 Schools		1220		
Route #	Length of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mi		eage Rated Capacity		
12-K-4	167.2		Rue	□ Non Bus Mileage			35	
Vehicle I.D. #	License	e #	1 .	2 do 1 toute inneugo				
2974	F41		□ Con	□ Contract - If so, Name of Owner Dan Horinek				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages								
Legal Entity	Legal I		must match budget! y Legal Entity			Legal Entity		
1220			,		,			
% 100.00 PASSENGER INFORMATION	%		%			%		
		ELEMENTARY			HIGH SCHOOL RIDER	RS	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS	
		a NUMBE	R		b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kindergarten riders)								
Nonpublic School Riders (ineligible)	garteri nuers)							
TOTAL RIDERS								
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the school boards of both districts shade understand route changes of accordance with 20-10-132, MCA.	nall be attached ccurring during th	to the county superintende ne school year require the	ent's copy of this filing of an amer	document. ided TR-1 forr	m and approval of the Cou	ınty Transpoi	rtation Committee in	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					Date			
		n Committee Approva						
area assigned to it by the Count	ty Transportati	on Committee.	d State Reimbursement has been reviewed and I certify t			this bus operates within the transportation		
Signature - Chair, County Transport	ation Committee				Da	ate		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex		,						e one form for		
Due Dates: All Routes							To OPI October 15		Rate Per Mile \$0.95	
County Name County			County Number	District Name					Legal Entity Number	
Hill			21		Blue Sky K-12 School		Schools		1220	
Route # Length of Route (miles per day)		(miles per day)	Ту	Type of Service ☐ Bus Route M			•	Rated Capacity		
12-K-4a 171.2			В	□ Non Bus Mileage Bus Route Mileage			eage	35		
Vehicle I.D. # License		nse#					Contractor			
2974 F41					Contract - If so, Name of Owner Dan Horine Contracted rate per mile			<u></u>		
Reimbursement Distribution- En	ter the lega	l entity	number and percentag must m			nty reimbu	irsement to be	paid to each	district. Note: Percentages	
		al Entity	I Entity		Legal Entity		Legal Entity			
1220										
% 100.00	%	, 0	Ç		%	ò		%	%	
PASSENGER INFORMATION			ELEMENTA DV DID	ED 0			011 0011001 1		TOTAL	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL I (Grades 9-1			TOTAL ELIGIBLE RIDERS		
			a				b		C .	
Regular (include eligible Preschool/K	Kindergarten		NUMBER				NUMBER		a + b	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)										
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in										
accordance with 20-10-132, MCA.									•	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Board of Trustees						Date				
County T This Application for Registration area assigned to it by the Count	of School E	Bus and								
Signature - Chair, County Transportation Committee Date										



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
	панър				Rate Per Mile			
Due Dates: All Routes			To C Octo	t To OPI October 15		\$0.95		
County Name			County Number	District	Name		Legal Entity Number	
Hill			21	Blue S	Sky K-12 Schools		1220	
Route #	Length of	Route	(miles per day)		f Service Bus Route M		Rated Capacity	
12-K-2	103			Bus R	□ Non Bus Mile Route Mileage	eage	22	
Vehicle I.D. #	Lice	nse#	□ District Owned			Contractor Owned		
1714 E447				Toner's Tire	e Rama 			
Reimbursement Distribution- En	iter the lega	l entity		of state/co		aid to each di	strict. Note: Percentages	
Legal Entity	Lega	al Entit		ntity	Legal Entity			
1220								
% 100.00	9	6		%		%	%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	DO	LIIOU AOUAOL B	IDEDO	TOTAL	
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route								
			a		р		C	
Regular (include eligible Preschool/	Kindergarten		NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	jaiten nuers)							
TOTAL RIDERS								
Ma haraby partify that this bug wi	II anarata ant	iralı an	the route established by the	Doord of Tr	ustage and within the transports	tion area assign	ad and approved by the	
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are								
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.								
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.								
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.								
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
County 3	ransnorta	tion Co	ommittee Annroval as r	equired in	accordance with Section	20-10-132 M	CA .	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta	ation Commit	tee				Date		